

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 15 DECEMBER 2022**

MEMBERSHIP

PRESENT Nesil Caliskan (Leader of the Council), Abdul Abdullahi (Cabinet Member for Children's Services), Andy Milne, Deborah McBeal (NCL CCG), Dudu Sher-Arami (Director of Public Health), Tony Theodoulou (Executive Director of Children's Services), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Pamela Burke (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group), Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Alev Cazimoglu (Cabinet Member for Health & Social Care), Dr Helene Brown (NHS England Representative), Bindi Nagra (Director of Adult Social Care) and Siobhan Harrington (Whittington Hospital)

OFFICERS: Mark Tickner (Health and Wellbeing Board Partnership Manager) and Dr Glenn Stewart (Assistant Director, Public Health), Jane Creer (Secretary)

Also Attending: Gayan Perera (Public Health Intelligence Team), Debbie Gates (Community Development Officer, LBE), Harriet Potemkin (LBE Head of Policy and Strategy), Helen Baeckstroem (LBE Strategy and Policy Team Manager), Sarah Gilroy (LBE Strategy and Policy Manager), Matt Casey (LBE Service Manager of Strategy & Service Development), Albie Stadtmiller (Listen to Act), Dr Alpesh Patel (NHS NCL)

1

WELCOME AND APOLOGIES

Cllr Nesil Caliskan, Chair, welcomed everyone to the virtual meeting.

The scheduled development session discussion had been incorporated into this streamlined Board meeting.

Apologies for absence were received from Cllr Alev Cazimoglu, Bindi Nagra, Doug Wilson, Sarah D'Souza and Dr Helene Brown.

2

DECLARATION OF INTERESTS

There were no declarations of interest in respect of any items on the agenda.

3

LBE INFECTIOUS EPIDEMIOLOGY AND VACCINATION UPDATE

RECEIVED the slide presentation, introduced by Gayan Perera, Public Health Intelligence Team Manager.

NOTED

1. Uptake of Covid-19 Autumn booster and flu vaccinations in Enfield was reported, across wards and cohorts.
2. Childhood and catch-up polio immunisation uptake was also reported.

IN RESPONSE

3. In response to Members' queries, additional measures to address variations in vaccination uptake within communities were described, including community engagement and communications. Funding had been awarded for a vaccine champions programme from the Department of Levelling Up, Housing & Communities. A full report was being prepared for the Health and Adult Social Care Scrutiny Panel meeting on 19/1/23, which would also be circulated to Board Members (see link [Agenda for Health & Adult Social Care Scrutiny Panel on Thursday, 19th January, 2023, 7.00 pm | Enfield Council](#)). It was advised that residents wanted to hear health messages from trusted sources within communities. In respect of vaccination take-up by pregnant women, Public Health officers were working closely with North Middlesex Hospital on a plan to address hesitancy.

4

DRAFT COUNCIL PLAN 2023-26

RECEIVED the report, presented by Harriet Potemkin, Head of Policy and Strategy, LB Enfield.

NOTED

1. The Chair's introduction that the administration had been working on a new Council Plan, to build on the previous four years and to recognise the changed economic picture and challenges. Priority areas should fully align, and partnership boards were being asked for their feedback. It was intended to launch the new Council Plan in February, at the same time as the annual budget. It was hoped that partners would see opportunities for collaboration.
2. Harriet Potemkin gave an overview of the approach for development of the new Council Plan, and of its framework and principles. There were five high level long term outcomes sought for positive impact. Indicators would be tracked over the four year period to see progress and impact.

IN RESPONSE

3. In response to Dr Nnenna Osuji's queries, it was confirmed that outcomes in respect of obesity, smoking, etc were included in the Plan. It would be reviewed if they should feature in the covering text on Priorities. It was confirmed that there were indicators in respect of residents living healthy lives, and that the percentage of adults who smoke would be measured. Ageing well was picked up in the area of focus on supporting older people. In placemaking there was a need for homes adaptable for older people as well as for affordable homes for younger people in the borough.

5

JOINT HEALTH AND SOCIAL CARE COMMISSIONING BOARD REPORT ON BETTER CARE FUND

RECEIVED the update report, presented by Matt Casey, Service Manager of Strategy and Service Development, People Department, LB Enfield.

NOTED

1. The Better Care Fund key priorities were confirmed.
2. The Better Care funding was signed off by Cabinet in October 2022, and this report provided an update since the previous report to Health and Wellbeing Board in July 2022.
3. Additional funding was being provided to ICB / LB Enfield for Adult Social Care discharge funding (winter funding).
4. Some achievements so far were highlighted, including around support for discharge from hospital, work supporting older residents and investment in extra care facilities, the integrated learning disabilities service pathway, mental health services pathway, and support to carers.
5. The final BCF planning template was submitted to NHSE in September; this is being presented to HWB for information only as a formal requirement. This planning template has already been approved by Directors HASC/ICB and Finance Leads, and was also approved at Cabinet in October.

IN RESPONSE

6. Deborah McBeal confirmed that a very good working relationship had developed with the ICB / LB Enfield.
7. It was confirmed that 70 units were proposed at Reardon Court Extra Care site: 64 1-bed and 6 2-bed flats. The tendering exercise had begun and the finish date was scheduled to be March 2024.

6

BOARD DEVELOPMENT AND DEVELOPMENT OF A NEW HWB STRATEGY

Mark Tickner, Health and Wellbeing Partnership Manager, introduced a discussion on development of the Health and Wellbeing Board and the health and wellbeing strategy going forward.

NOTED

1. Our approach from the previous strategy was to focus on prevention, through: not smoking, improved diet, physical activity, and social connectedness.
2. Each local authority was still required to establish a Health and Wellbeing Board (HWBB), which must include a representative from each relevant ICB.
3. The joint local health and wellbeing strategy (JLHWS) should directly inform the development of joint commissioning arrangements in the local area, and the co-ordination of NHS and local authority commissioning.
4. The JLHWS must take into account ICS Population Health Strategies and would need to be reviewed at regular intervals by the HWBB.
5. Board members were invited to put forward their thoughts and comments.

IN RESPONSE

6. The Chair would like the JLHWS to include (1) a continued focus on prevention, to include consideration of housing and of parks and open spaces; (2) early diagnostics for health issues and the role the HWBB could play; (3) access to treatment for residents. It would be good to get commonality between organisations and of the outcomes sought.
7. Dr Nnenna Osuji added that it had been useful to receive the new Council Plan ahead of this discussion, and that this was an exciting opportunity to re-fashion the JLHWS together, and an opportunity to reduce duplication. It would also be helpful that the lead contributors would be set out. In respect of the overarching rationale, North Middlesex University Hospital NHS Trust utilised the clinical areas in Core20PLUS5 plus 2.
8. Dr Alan McGlennan supported the taking of signals from the population health improvement priorities and noted that two of the major components were cardiovascular disease and cancer. An emphasis on smoking and on primary care would be key. He would be happy to discuss investment in diagnostics and the best use of resources further. Dr Alpesh Patel agreed that it was important that the right diagnostics were ordered by the right person and interpreted by someone with the right expertise.
9. Glenn Stewart emphasised the need to consider prevention at a population level and what could be asked from organisations to support outcomes sought.
10. Mark Tickner would like the inclusion of a metric on tackling efforts to re-normalise vaccinations.
11. Dudu Sher-Arami confirmed the main risk factors for early mortality and prevention should be the pillars of the strategy. There was a need to include diagnostics and primary care, but focus should be on prevention of conditions in the first place. It was suggested to also include elements in respect of wider determinants of wellbeing, including employment, housing, and environmental factors.
12. Comments from the Teams meeting chat were also captured as part of the discussion.

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13. Enfield Carers Centre would like the strategy to include the unpaid carer workforce (of which there are around 30,000 in the borough) as key to achieving some of the target changes. For example, the organisation could be involved in educating family/unpaid carers in essential preventative aspects of caring.
14. The Chair highlighted a potential link to the skills agenda for the borough.
15. Public Health team officers would put a framework together based on the Board's discussion, and would speak to Board members individually, and would bring the framework for consideration at the next meeting.

ACTION: Dudu Sher-Arami / Mark Tickner / Glenn Stewart

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OTHER BUSINESS - THE "HEWITT REVIEW"

The Director of Public Health wished to raise the Hewitt Review and had been asked to share information that the Secretary of State for Health and Social Care has appointed the Rt Hon Patricia Hewitt to consider oversight and governance of ICSs. The review has three areas of focus:

- (1) How best to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending.
- (2) The scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for.
- (3) How the role of the Care Quality Commission (CQC) can be enhanced in system oversight.

The Call for Evidence for this review is open until 9 January 2023 and the link would be sent to all Board members.

ACTION: Dudu Sher-Arami

8

MINUTES OF THE MEETING HELD ON 6 OCTOBER 2022

AGREED the minutes of the meeting held on 6 October 2022.

9

NEXT MEETING DATES AND DEVELOPMENT SESSIONS

NOTED the next Board meeting date: Thursday 2 March 2023, 6:30PM

This next meeting would include a development discussion within the meeting in respect of the Board relationship with the borough partnership.

Dr Nnenna Osuji would bring an update on Enfield Community Services (ECS) to the next meeting.

The Chair thanked all partners for joining the meeting and thanked them for all the work they did and expressed best wishes for the festive period and the new year.

